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REQUEST FOR EXTENSION OF, AND ADDITIONAL RESOURCES FOR, THE UNFPA COUNTRY PROGRAMME FOR CUBA

Report of the Executive Director

I. BACKGROUND

1. As a result of the length of time needed to implement programme activities, the fourth comprehensive population programme for Cuba, originally approved for five years, 1990-1994, was extended by one year until the end of 1995; by the end of 1995, slightly less than $5 million had been spent on the programme compared to an original approval amount of $4 million.

2. UNFPA recommends and requests that the fourth comprehensive population programme for Cuba be extended for one more year, until the end of 1996, in order to complete planned programme activities and to harmonize the programme cycle with those of UNDP and UNICEF. The Fund requests approval of a total additional funding authority of $2.9 million to cover activities during 1995 and 1996. The total funding for the programme (1990-1996) would thus total $6.9 million, all from UNFPA regular resources.

3. The request for the extension and additional programme funds is presented according to the work plan categories in effect when the original programme was approved in 1990. However, the proposed programme strategies for 1996 take into consideration the Programme of Action of the International Conference on Population and Development (ICPD), which is fully endorsed by the

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Government of Cuba. The strategies are also in accordance with the recommendations made by the programme review mission carried out in May 1995. The programme extension is planned to lead to the next cycle of cooperation, which will be presented to the Executive Board in early 1997.

4. The extension until the end of 1996 and the increased funding authority is essential in order to complete activities designed to reach the following programme objectives: (a) to reduce the incidence of unwanted pregnancies and pregnancy interruptions; (b) to improve socio-demographic data collection, analysis and use; and (c) to increase and improve information, education and communication (IEC) activities targeted at youth and focusing on reproductive health, including family planning and sexual health. The primary focus of the programme extension is on reducing the high rate of adolescent pregnancies and the associated high incidence of abortion. The programme review mission concluded that these areas had not been adequately tackled during the early period of programme implementation because of a lack of adequate reproductive health information and counseling services and the weakness of the information systems concerning youth.

5. Cuba has good demographic, health and educational indicators for a developing country. However, these indicators have been deteriorating as a result of an acute economic crisis. For example, the maternal mortality rate has shown a negative trend: in 1994 it rose to levels not seen since the beginning of the 1980s (44.1 per 100,000 live births). Likewise, the infant mortality rate in 1994 (9.9 per 1,000 live births) was higher than in 1993 (9.4 per 1,000). Also, the incidence of sexually transmitted diseases (STDs) and pregnancy interruptions has increased because of the shortage of contraceptive supplies, due to lack of hard currency.

II. STATUS OF PROGRAMME IMPLEMENTATION

6. The programme has seen significant progress in the number of staff and facilities providing reproductive health services, an increasing knowledge of contraception among adolescents, and training in sex education for teachers. Some progress was also made in increasing the capacity for data collection and analysis. The programme review concluded, however, that the objectives of the fourth country programme were not achieved because of: (a) the acute economic crisis; (b) delays in programme implementation; (c) lack of p: gramme focus and weak coordination among projects; (d) deterioration of primary and secondary health care systems; (e) scarcity of contraceptives; (f) weak IEC in the health sector; and (g) low levels of participation by adolescents in IEC activities. The extension of the programme with increased funding will provide the opportunity to ameliorate some of these impediments, including purchasing more contraceptives, improving information systems and strengthening IEC activities for youth.

7. In accordance with the ICPD Programme of Action, steps have been initiated to reorient the maternal and child health and family planning (MCH/FP) programme towards that of a reproductive health programme. The programme's sectoral objective has been to decrease the number of unwanted

pregnancies through the provision of MCH/FP services that were targeted at high-risk groups. Although the objective has not been fully accomplished, there have been several noteworthy achievements. Forty reproductive health referral centres for family doctors and nurses have been established. Reproductive health services are now available to almost all women of reproductive age. The capacity for providing reproductive health services has been increased by training 600 family doctors and nurses to serve as trainers for their colleagues so that their skills can be passed on. Service-delivery structures have been reorganized to provide better reproductive health care for high-risk women. The programme has promoted greater knowledge of contraception among adolescents. Progress has been made in the construction of an oral contraceptive production plant. Research studies have been carried out on the sociocultural determinants of abortion, sexual behaviour, the knowledge and use of family planning methods and on the prevention of STDs and HIV/AIDS.

8. The most critical problem in the area of reproductive health has been the shortage of contraceptives, resulting in a decline in the number of users and a corresponding increase in unwanted pregnancies and pregnancy interruptions. Primary- and secondary-level health care has deteriorated because of the reduction of national resources for health and the lack of medical supplies. In addition, IEC activities have been inadequate, as have reproductive health counseling services, especially for adolescents.

9. The increased funding authority of $1.0 million in 1996 in the area of MCH/FP would be used to: (a) complete the oral contraceptive production plant; (b) diversify the provision of contraceptives to meet existing demand; (c) improve reproductive health services and counseling for adolescents; (d) reinforce reproductive health IEC activities in primary health care services; (e) strengthen the reproductive health referral centres; and (f) promote male responsibility in the area of reproductive health. With the completion of the oral contraceptive plant, Cuba will become self-sufficient in oral contraceptives. The programme extension would help the Government prepare for the implementation of a comprehensive reproductive health programme starting in 1997.

10. There have been two main objectives in the areas of data collection and analysis and population policy formulation and dynamics. The first was to establish a national integrated information system disaggregated by subregion and gender and to incorporate such data into development programmes so that they respond to local needs. The second was to achieve improved population distribution, taking into account regional socio-economic development, by proposing recommendations for regional population distribution policies. Activities designed to achieve these objectives have only recently started.

11. Achievements to date have been to: (a) prepare an integrated statistical system; (b) carry out statistical analysis with a gender perspective; (c) conduct research studies on the structure and dynamics of human settlements; (d) increase capacity to carry out population surveys; and (e) develop and improve various national information systems and centres. All of these achievements have been

constrained by the lack of updated socio-economic information, much of which dates from 1989 or earlier. No population census was carried out in the 1990s because of the lack of national resources. Data needed by users have not been generated because of weak coordination between data producers and users. Statistical information has been generated and analysed without a gender perspective.

12. Additional funds estimated at $400,000 are required for 1996 in order to update socio-demographic information by bringing the sampling framework up to date and conducting and analysing a demographic survey. Greater intersectoral distribution of statistical information and research results will be undertaken, and the coordination of the organizations involved will be improved. The relationship between users and producers of statistical information will be defined more clearly. Another activity will be a research study on the impact of the economic crisis on socio-demographic variables, emphasizing the relationship between different productive sectors and migration, and incorporating gender concerns into spatial distribution research studies.

13. IEC activities have been directed to men and women to enhance their ability to regulate fertility in a responsible way, focusing attention on high-risk groups. The principal achievements have been the development of sex education training for trainers and the provision of such education to students. This has included the design, validation and dissemination of messages on safe sexual behaviour and responsible parenthood through such channels as television and radio.

14. The constraints on the programme included the lack of coordination between IEC activities and the health sector, which has caused a discrepancy between the reproductive health services and contraceptives offered versus those that were being requested. The mass media messages that were developed were of low quality, and they were not broadcast by the main mass communication channels.

15. An additional budget of $400,000 is required for 1996 to increase and improve IEC activities in the area of reproductive health targeted especially at adolescents. The following seven strategies would be carried out: (a) improving coordination between the health and IEC sectors to maintain a balance between the reproductive health services and contraceptives offered and those demanded; (b) focusing IEC and advocacy activities on promoting the reproductive and sexual health of adolescents; (c) strengthening IEC components in public health programmes by training health educators in counseling on reproductive health; (d) improving IEC messages and channels by providing coordination and by promoting more attractive messages; (e) strengthening the population education programme, covering all educational levels and teacher's schools, taking advantage of the universal nature of formal education in Cuba; (f) initiating campaigns to sensitize high-level government personnel and decision makers on population issues; and (g) incorporating advocacy components in all activities, targeting high-level government personnel and parliamentarians.

16. The programme reserve approved under the fourth country programme was used to carry out multisectoral activities, such as formulating projects, identifying programme strategies, reviewing and

evaluating the programme and carrying out IEC activities. Additional multisectoral funds of $100,000 are requested to identify new strategies for the next cycle of cooperation, assist in the formulation of new projects and strengthen the management of the current programme.

17. UNFPA proposes to extend the Cuba country programme through 1996 and to increase the funding approval authority for the programme by $2.9 million from UNFPA regular resources. The following table shows how the additional funds would be accommodated by programme area (in millions of $):

Sectors	Approved by Governing Council, 1990	Expenditures 1990-1995	Additional funding authority requested, 1995-1996	Total 1990-1996
Maternal and child health and family planning	2.0	3.6	2.6	4.6
Information, education and communication	1.0	.5	(.1)*	.9
Population policy formulation	.5	.4	(.1)	.4
Data collection and analysis	.4	.4	.4	.8
Multisectoral	.1	.1	.1	.2
TOTAL	4.0	5.0	2.9	6.9

*Numbers in parentheses represent transfers of resources to other programme sectors.

III. RECOMMENDATION

18. The Executive Director recommends that the Executive Board approve the extension of the Cuba country programme through 1996, as outlined above, and that it approve an additional funding authority of $2.9 million from UNFPA regular resources, subject to the availability of such resources.

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